



**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                       |         |  | <b>-</b>         | SMALL<br>TYPE | ENTITY              | OR                     | OTHER THAN SMALL ENTITY |                     |                        |
|--|--|---|-----------------------|---------|--|------------------|---------------|---------------------|------------------------|-------------------------|---------------------|------------------------|
| FO   | ıR   | NUME                                      | NUMBER FILED          |         | NUMBER 8                                   | EXTRA            | ]             | RATE                | FEE                    | 1 /                     | RATE                | FEE                    |
| ВА   | SIC FEE  |   |                       |         |  |                  | 1             |                     | 380.00                 | OR                      |                     | 760.00                 |
| то   | TAL CLAIMS   | 2   | 3 minus               | 20=     | * 5  |                  | ]             | X\$ 9=              |                        | OR                      | X\$18=              | 90                     |
|  | EPENDENT CL  | {   | minus                 | 3 =     | * 7  |                  |               | X39=                |                        | OR                      | X78=                | 6986                   |
| MULTIPLE DEPENDENT CLAIM PRESENT               |  |   |                       |         |  |                  |               | +130=               |                        | OR                      | +260=               |                        |
| * If   | the difference   | in column 1 is                            | less than z           | ero,    | enter "0" in c                             | olumn 2          |               | TOTAL               | <del></del>            | OR                      | TOTAL               | 428                    |
|  | C  | LAIMS AS                                  | AMENDE                | D - F   | ART II                                     |                  |               |                     |                        |                         | OTHER               |                        |
|  | 11   | (Column 1)                                |                       |         | Column 2)                                  | (Column 3)       |               | SMALL               | ENTITY                 | OR                      | SMALL               | ENTITY                 |
| ENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | PF      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |               | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                      | Total  |   | Minus                 | **      |  | =                |               | X\$ 9=              |                        | OR                      | X\$18=              |                        |
| AME  | Independent  | * BB                                      | Minus                 | ***     |  | =                |               | X39=                |                        | OR                      | X78=                |                        |
|  | FIRST PHESE  | NTATION OF M                              | IULTIPLE DE           | PENL    | DENT CLAIM                                 |                  | ]             | +130=               |                        | OR                      | +260=               |                        |
|  | •  |   |                       |         |  |                  | L             | TOTAL               |                        | ┨┈╏                     | TOTAL               | <del></del>            |
| İ  |  | (Column 1)                                |                       | ,<br>(C | Column 2)                                  | (Column 3)       | ,             | ADDIT. FEE          | <u></u>                | , , <sub>г</sub>        | ADDIT. FEE          |                        |
| ENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                       | PF      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT EXTRA    |               | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                      | Total  | M   | Minus                 | **      | 25   | =                |               | X\$ 9=              |                        | OR                      | X\$18=              |                        |
| AME  | Independent<br>FIRST PRESEI  | * U                                       | Minus<br>MULTIPLE DEF | PEND    |  |                  |               | X39=                |                        | OR                      | X78=                |                        |
|  |  | MIMION C. III                             | OLIN LL LL            |         | /LIVI                                      |                  | <b>'</b>      | +130=               |                        | OR                      | +260=               | -                      |
|  |  |   |                       | • •     |  |                  | -             | TOTAL<br>ADDIT. FEE |                        | OR A                    | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |                       |         |  | (Column 3)       | _             |                     |                        |                         |                     |                        |
| ENT C  | C  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | PF      | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |               | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                      | Total  | * Up                                      | Minus                 | **      | 25   | =                |               | X\$ 9=              |                        | OR                      | X\$18=              | 18                     |
| AME.   |  | * 9                                       | Minus                 | ***     |  |                  |               | X39=                |                        |                         | X78=                |                        |
|  | FIRST PRESEN   | NTATION OF M                              | ULTIPLE DEF           | PEND    | DENT CLAIM                                 |                  | ▎┠            |                     |                        | OR                      |                     |                        |
| * 1f   | the entry in colur   | Ĺ   | +130=                 |         | OR   | +260=            |               |                     |                        |                         |                     |                        |
| **  f  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                       |         |  |                  |               |                     |                        |                         |                     |                        |